

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>MY</i>	<i>62614</i>	<i>6/1/55</i>
O.I.P.E. CLASSIFIER	<i>H</i>		<i>8-7-52</i>
FORMALITY REVIEW		<i>62617</i>	<i>6-2-55</i>

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 ■ ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

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If more than 150 claims or 10 actions  
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